NOVA SCOTIA

Department of Health

2005-2006 Business Plan

Cheryl A. Doiron

Cheryl A. Doiron, Deputy Minister

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Message From the Minister of Health

As Minister of Health, I am pleased to table the Department of Health's Business Plan for 2005-2006. The Government of Nova Scotia and the Department of Health have set realistic goals and established achievable priorities for 2005-2006 in this business plan and budget. By implementing this plan, we will continue to improve the health system of Nova Scotia while ensuring its ongoing efficiency, effectiveness, quality and sustainability.

Demands on the health system continue to grow as our population grows and ages, the burden of chronic disease increases and health technology advances. The Department of Health will continue to focus on improving services offered to Nova Scotians in our hospitals and nursing homes but at the same time, bring new emphasis to initiatives aimed at preventing the onset of chronic diseases and expanding community-based primary health care services.

The coming year represents an opportunity for us to build on the successes of the past few years in such areas as wait times management, mental health legislation and standards implementation, and continuing care services improvements. We will continue our efforts in recruiting and retaining health care professionals and expand our use of information technology to improve service efficiency and quality.

We are again increasing our budget for health care in this province – by over $218 million this year. At $2.5 billion, the Department of Health's budget is the largest of all departments in the Government of Nova Scotia. This business plan contains details of the establishment of several new programs and the expansion of some others. Even so, we are not able to address all the pressures we face.

The Department of Health's mission includes a commitment to promoting, maintaining and improving the health of Nova Scotians. The Government of Nova Scotia is committed to delivering better and faster health care to its citizens. Nova Scotians deserve nothing less.

Angus MacIsaac

The Honourable Angus MacIsaac
Minister of Health

1. Mission

Through leadership and collaboration to ensure an appropriate, effective and sustainable health system that promotes, maintains and improves the health of Nova Scotians.

The Department of Health is committed to the ongoing improvement of our health care system through system planning, legislation, resource allocation, policy and standards development, monitoring and evaluation, and information management. Accordingly, the Department:

- sets strategic direction and standards for health services
- ensures availability of quality health care
- monitors, evaluates and reports on performance and outcomes
- funds health services

The Department of Health has reaffirmed three "critical to mission" criteria against which all program proposals and existing programs and services are evaluated.

Our mission requires that health care and services in Nova Scotia be:

Integrated
An integrated health system ensures the coordination of services and allows providers to work together to improve the health status of the population.

Community-Based
A community-based health system assures input by communities in planning and identifying strategies and services to improve the health of the population and ensures that teams of providers participate in carrying out these strategies and services.

Sustainable
A sustainable health system is one that is accountable for providing quality services to the population it serves and is affordable in the long term.

The Department of Health has adopted the following corporate values and guiding principles for ethical decision-making for both internal management purposes and its relationship with health system partners.

Corporate Values of the Department of Health

Collaboration
- to foster a team-based working environment
- to seek a wide range of opinions to inform decision-making

Integrity
- to be open and honest
- to honour our commitments

Respect
- to value the ideas of others
- to accept and value diversity

Decisiveness
- to identify and communicate a preferred option in a timely manner

Innovation
- to be creative
- to allow learning thus enabling the emergence of improved methods of service delivery

Leadership
- to act in a manner that encourages others to adhere to corporate values of the ethical environment
- to provide "vision"

Accountability
- to adhere to the obligation to report on defined expectations in a timely manner

Guiding Principles for Ethical Decision-Making

- Balance greatest good for the greatest number with targeting high risk/disadvantaged populations
- Equitable opportunities to achieve positive health status (outcomes) regardless of place of residence
- Equitable quality of health services regardless of location (service may be different, but meets minimum standards)
- Evidence and research-based decision-making
- Sustainable – plan for today's and tomorrow's needs
- Broad perspective is considered – active community/stakeholder support is sought, decisions are not made in isolation – consider impacts across system, sectors, etc.
- Transparency – follow through on applying and communicating decision-making principles, processes and criteria

2. Planning Context

2.1 Introduction

Through its corporate plan, business plans and budget, the Government of Nova Scotia has articulated a policy direction that provides an important context for the mission, strategic priorities and core business areas of the Department of Health. The Government has re-committed to its vision of a "healthy, prosperous and self-sufficient Nova Scotia". The sustainability of Nova Scotia's health system is key to the Government's overall social and fiscal policy objectives.

This business plan integrates the budget of the Department of Health with its priorities for health status improvement, health care and service delivery, human resource planning and management, communications, information management and outcomes achievement. The business plan spans the entire provincial health system but the priorities contained here relate most directly to those components that are the direct responsibility of the Department of Health.

2.2 Structure and Function of the Nova Scotia Health System

The *Health Authorities Act* established the province's nine District Health Authorities (DHAs) and their community-based supports, Community Health Boards (CHBs). DHAs are responsible for governing, planning, managing, delivering, monitoring and funding health services within each district and for providing planning support to the CHBs. Services delivered by the DHAs include acute and tertiary care, mental health, addictions and public health services.

The province's thirty-seven CHBs are responsible to develop community health plans with primary health care and health promotion as their foundation. DHAs draw two thirds of their board nominations from CHBs and consider their community health plans as part of the DHA's annual business planning process. In addition to the nine DHAs, the IWK Health Centre continues to have separate board, administrative and service delivery structures. The Department of Health is directly responsible for physician and pharmaceutical services, emergency health and continuing care services, and many other insured and publicly funded health programs and services.

The quality of the health system in Nova Scotia is at the forefront of both routine health services management and new system development. Nova Scotians, like other Canadians, expect high quality care and services delivered in a timely fashion by competent practitioners using methods that are known to produce good outcomes. The priorities outlined in this business plan will support the Department's ongoing commitment to maintaining health system quality.

2.3 "Your Health Matters"

In response to key health care and health promotion challenges, the Nova Scotia Department of Health released ***Your Health Matters*** in 2003. The four strategic areas of focus in ***Your Health Matters*** are outlined below, together with examples of initiatives that shaped the Department of Health's planning for 2005-2006.

2.3.1 Helping People Stay Healthy

Chronic Disease Prevention and Management A stakeholder-driven Chronic Disease Prevention Strategy was initiated in 2001 and concluded in October 2003 with the submission of a final report to the Minister of Health. The Office of Health Promotion, with support from the Department of Health and other government departments, is leading the Province's integrated and multi-year response to this submission. The Department of Health is also developing an integrated approach to chronic disease management across the health system.

Health Protection and Emergency Preparedness Nova Scotia is working with the federal government and provincial/territorial jurisdictions to develop a plan for an effective and escalating response to threats such as pandemic influenza, SARS, West Nile Virus, terrorist events, and weather-related and natural disasters. In addition, the Department is working with others to develop regulations under the new *Health Protection Act* that will give Nova Scotians more protection against public health threats.

Primary Health Care Renewal The Advisory Committee on Primary Health Care Renewal presented its report to the Minister of Health in June 2003. The report recommended a focus on health promotion, a greater role for communities in defining needs, a team approach to health service delivery and effective use of technology as key elements of successful renewal of primary health care in cooperation with the DHAs, continued progress towards these objectives is an important priority in 2005-2006.

2.3.2 Training, Recruiting and Keeping More Doctors, Nurses and Health Professionals

Physician Recruitment and Retention The Department's recruitment coordination efforts support the nine DHAs, the IWK Health Centre, communities and groups of physicians throughout the province. The Department is engaged in province-wide physician resource planning aimed at matching recruitment strategies to identified gaps and problem areas in the province.

Nova Scotia's Nursing Strategy Funding the Nursing Strategy will continue with a goal of retaining at least 80% of our nursing graduates in Nova Scotia. In addition to approximately two hundred nurses who graduate in Nova Scotia each year, upwards of seventy five are recruited from out-of-province and approximately fifty complete the nursing re-entry program.

Medical Laboratory Technologists Over the past two years, the Department of Health has purchased fifty training seats for Medical Laboratory Technologists, through an agreement between the New Brunswick Community College and the Nova Scotia Community College. In return for a commitment to work in Nova Scotia for at least two years after graduation, eligible students receive a $4,000 bursary for each year of the two year program.

2.3.3 Shortening Wait Lists for Tests, Treatment and Care

Wait Time Monitoring Planning work is underway to collect standardized wait time information in key areas of the health care system across the province. Once collected and analyzed, this information will be used to address priority areas.

Diagnostic and Medical Equipment Supported by a special funding allocation for diagnostic and medical equipment from the First Ministers' Accords, Nova Scotia has announced four new MRI units and twenty five new orthopedic inpatient beds. Other upgrades and additions will be planned in consultation with the DHAs.

2.3.4 Caring for Our Seniors

Health Care Costs of Long Term Care As of January, 2005, Nova Scotia is covering the full health care costs of seniors living in nursing homes, residential care facilities and community-based options. This ends all reviews of personal assets before long term care placement.

Health Needs of Seniors Led by the Senior Citizens' Secretariat, a task force on Nova Scotia's aging population is being established to make recommendations about future health and social programming for seniors.

2.4 Health Cost Drivers

Nova Scotia's population is aging. In 2016, 18% of the Nova Scotian population will be sixty five or over, twice the percent of the population aged sixty five or over in 1966. Aging populations increase the pressure to expand the basket of publicly insured services to include home care, long-term care, and enhanced pharmaceutical coverage.

In comparison to other provinces, Nova Scotia has the:

- third lowest life expectancy (78.9 years of life)[1]
- second highest rate of lung cancer mortality per 100,000 population (56.2)[2]
- third highest rate of breast cancer mortality per 100,000 population (25.8)[3]

[1] National 79.6 – Stats Can, 2001
[2] National 47.3 – Stats Can, 2001
[3] National 25.0 – Stats Can, 2001

- highest rate of all primary site cancer incidence per 100,000 population (439.3)[4]
- second highest percentage of the population reporting probable depression (8.7)[5]
- second highest prevalence of diabetes (5.9)[6]
- second highest percentage of the population reporting their health as only fair or as poor (13.8)[7]

Illness and disability are major contributors to health system cost pressures.

The health care system accounts for more than 30,000 full time equivalents (FTEs) across the province. Health care is a labour intensive service and is sensitive to fluctuations and cost pressures associated with the labour market and health professional workforce. Highly competitive labour markets continue to drive wage and incentive increases, placing additional demands on health care resources.

In their business plan submissions for 2005-2006, DHAs and the IWK Health Centre repeatedly identified cost and service volume increases in areas such as cancer chemotherapy and renal dialysis. Aging hospital and long-term care facilities infrastructure and the pressure of deferred maintenance is a particular cost pressure for 2005-2006. In addition, the emergence and acceptance of new and improving standards creates cost pressures in areas such as:

- blood supply management
- chronic disease management
- mental health services
- emergency preparedness
- infection control
- alternate level of care provision
- emergency room operations
- palliative care services
- diagnostic and medical equipment acquisition and maintenance

2.5 Health Care Spending

Nova Scotia spends approximately $2,500 per year on health care and related services for every man, woman and child in the province. Up from 28% in 1993-1994, Nova Scotia now spends almost 46% of provincial government program spending on health care and related services.

[4] National 397.1 – Stats Can, 2000
[5] National 7.1 – Stats Can, CCHS 2000
[6] National 5.1 – CIHI, 1999/2000
[7] National 11.3 – Stats Can, CCHS 2003

Nova Scotia's three largest categories of health-related spending are physicians (third highest per capita), hospitals (sixth highest per capita) and long-term care. However, Nova Scotia's per capita spending on public health and system administration is the lowest in the country.

The Canadian Institute for Health Information (CIHI) reports that pharmaceutical costs in Canada rose 8.8% from 2003 to 2004, making drugs the fastest growing category of health care spending. Reasons include increased utilization, ongoing substitution of newer for older drugs, and changes in health care service delivery.

2.6 Federal Funding for Health

The 2005-2006 budget of the Department of Health exceeds $2.5 billion. Of this, approximately 25% comes from federal government health funding, primarily via the Canada Health Transfer.

In 2003, First Ministers agreed to a Health Accord, which is to provide $22 billion in additional federal health funding to provinces/territories for the five-year period of 2003-2004 to 2007-2008. Nova Scotia's share is projected to be $653 million.

In September 2004, First Ministers agreed to a new *10-Year Plan to Strengthen Health Care* (2004-2005 to 2013-2014), which will mean another $41 billion to provinces/territories over this 10-Year period. Nova Scotia's share is projected to be $1.2 billion.

The *10-Year Plan to Strengthen Health Care* contains agreements and commitments regarding the following (many of which were also addressed in the 2003 Accord):

- reducing wait times for, and improving access to, diagnostic and treatment services
- action plans for the training, recruitment and retention of health professionals
- expansion of home care services
- primary care reform, including access to multidisciplinary teams of health professionals and development of electronic health records
- development of the national pharmaceuticals strategy
- development of a pan-Canadian Public Health Strategy, including goals and targets for improving the health status of Canadians, and measures to address common risk factors such as physical inactivity

A separate First Ministers' Accord in September 2004 addressed the health of aboriginal peoples.

3. Strategic Directions

The four strategic directions of the Department of Health are:

- advance the integrated, community-based health system
- support and promote an efficient, accountable and quality health system
- further develop strategies and services which support and promote healthy communities
- enhance and maintain a culture of enquiry and supportive work environments

4. Core Business Areas

The Department of Health's Core Business Areas are:

- Primary Health Care
- Mental Health and Addictions Services
- Acute and Tertiary Care
- Physician Services
- Pharmaceutical Services
- Continuing Care Services
- Health Protection and Public Health Services
- Emergency Health Services

These core businesses are delivered to Nova Scotians by health professionals and health care provider organizations and overseen by divisions in the Department of Health. Administrative support to these departmental functions is provided by the following branches/offices in the Department of Health:

- Communications
- Legal Services
- Health Sector Workforce/Human Resources
- Health Human Resources Planning
- Health Information Management
- Quality and Healthcare Safety
- Federal/Provincial/Territorial Affairs
- Financial Services
- Policy, Planning and Legislation

4.1 Primary Health Care

Primary health care includes primary care, which is the first point of contact individuals have with the health care system and the first element of a continuing care process. Primary health care includes prevention, diagnosis and treatment of common illness or injury, support for emotional and mental health, ongoing management of chronic conditions, advice on self-care, ensuring healthy environments and communities and coordination for access to other services and providers.

Primary health care is about positively influencing the many factors that affect health. It includes a team-based approach to health-care delivery, all-day access to essential health

services, care for people of all ages and cultures in their communities, and the appropriate use of technology.

Enhancing primary health care evaluation and research capacity throughout the province will strengthen Nova Scotia's ability to continue to improve the primary health care system beyond the transition phase.

The Health Canada Primary Health Care Transition Fund continues to support the DHAs as they develop and implement primary health care services. The key initiatives under the Transition Fund are:

- implementing enhancements to primary health care services and creating new ways to develop sustainable primary health organizations
- supporting change costs to encourage collaboration
- transitioning the primary health care system to an electronic patient record and engaging community input into these initiatives
- evaluation

The Primary Health Care Section provides policy and planning support for the advancement of an integrated community-based health system in primary health care renewal in Nova Scotia. Key areas where policy and support are provided are:

- facilitating the implementation of collaborative teams by the districts
- facilitating the integration of new providers into interdisciplinary teams
- promoting a population health approach to primary health care
- facilitating improved access to health care and assisting in identifying barriers to access, such as literacy and cultural diversity, and developing strategies to help remove barriers to access

The Strengthening Primary Care in Nova Scotia Communities Initiative (SPCI) demonstrated new ways to fund, deliver and manage primary care in each of four Nova Scotia communities. New approaches included collaborative practice between nurse practitioners and physicians, electronic information systems and alternatives to fee-for-service payment for physicians. The evaluation of SPCI released in November 2004 will inform ongoing primary health care renewal activities.

4.2 Mental Health and Addiction Services

The Mental Health Division is responsible for the development of policies and standards, as well as monitoring and funding mental health services in Nova Scotia. Mental Health services for children, youth and adults are delivered through the province's nine DHAs and the IWK Health Centre. Delivered across the life span, core programs include:

- secondary prevention and promotion
- outpatient and outreach services
- acute, short stay and long term psychiatric in-hospital treatment

- specialty mental health services, and
- community supports

Services are consumer and family-focused and community-based where possible. Some mental health services are delivered through a 'shared care' approach in collaboration with primary care services.

All DHAs and the IWK Health Centre provide outpatient and outreach services through a network of more than fifty community-based mental health clinics. In-patient psychiatric units are located in all DHAs except the Cumberland Health Authority, which accesses services from the adjoining Colchester-East Hants DHA. In addition, several day-treatment programs, psychosocial rehabilitation programs, and specialty mental health services are available throughout the province. Specialty services include seniors' mental health, eating disorders, adult and youth forensic services, sex offender treatment, early psychosis and neurodevelopmental services.

The Addiction Services Division is responsible for defining core services, development and review of standards and best practices for service delivery, development of provincial policy, monitoring and audit of programs, consultation with service providers in the DHAs, and facilitation of provincial program development. Addiction programs and services are delivered to Nova Scotians through the DHAs. Services span the continuum from prevention, community education, early identification and referral, to treatment and rehabilitation. Included are withdrawal management (detoxification and addiction education programs), community-based programs (outpatients and structured treatment), problem gambling services, and community education.

DHAs deliver addiction services using a 'client centered' treatment philosophy. This includes client self-determination coupled with service options that are diverse, flexible and accommodating. The process is aimed at optimizing the health of individuals harmfully involved with alcohol, drugs, and/or gambling through the provision of a comprehensive range of integrated bio-psycho-social treatment services. Programs and services may be available on a residential, day, or outpatient basis, and may include: group and/or family programming. Targeted programming for adolescents, women, families and/or driving while impaired offenders is offered where appropriate.

4.3 Acute and Tertiary Care

Through collaborative relationships with the nine DHAs, the IWK Health Centre, and several provincial health care programs, the Acute and Tertiary Care Branch ensures that affordable, appropriate, and effective acute care services are available to Nova Scotians. The Branch also liaises and supports the operations of provincial and ancillary programs ensuring that provincial standards for clinical care are developed and maintained across the province.

Acute and Tertiary Care Services Acute care services are delivered in thirty nine facilities throughout Nova Scotia. These include the thirty seven under governance and

operation of the DHAs as well as the St. Anne's Community and Nursing Care Centre in Arichat and the IWK Health Centre in Halifax. Funding is provided by the Department of Health in accordance with the *Canada Health Act* and the provincial *Health Services and Insurance Act*.

Inpatient services provided by DHAs range from general practitioner services at the community facility level to varied specialist services at the district level. Specialist services in district facilities may include cardiology, respirology, gastroenterology, obstetrics, otolaryngology, orthopaedics, ophthalmology, pathology, psychiatry, pediatrics, urology, plastic surgery, maxillofacial surgery, oncology, neurology, dermatology and endocrinology. Varying configurations of emergency and ambulatory care services are provided in community and district facilities across the province.

The Queen Elizabeth II (QE II) Health Sciences Centre and the IWK Health Centre in Halifax provide primary and secondary care services to metro area residents, and a broad range of specialized services to all Nova Scotians. These include neurosurgery, secondary and tertiary care pediatrics, high risk obstetrics, burn intensive care, cardiac surgery, transplantation programs, cardio-thoracic surgery, immunology, and hematology. The QE II and the IWK also provide tertiary care services to patients from New Brunswick and Prince Edward Island, and also provide the highest level of emergency services.

Ancillary Programs The Acute and Tertiary Care Branch is responsible for the policy development, program content, tariff negotiations with the professional provider associations, and day-to-day management of a group of ancillary health services. Dental programs/services include children's oral health, cleft palate/craniofacial surgery, dental surgery, and services for mentally challenged clients. Prosthetic services include arm and leg, ocular, and mastectomy prostheses, and maxillofacial prosthodontics. Optometry and Interpreter Services for the deaf and hard of hearing are also included.

These programs and services are not mandated as insured services under the *Canada Health Act* but are provided by the province to assist those individuals who most require assistance.

Hospital Facility Construction and Renovations Working with the Department's Financial Services Branch, the Acute and Tertiary Care Branch plays a key role in the development and priority-based approval of DHA role studies, master programs and functional programs.

Provincial Health Programs The Acute and Tertiary Care Branch is responsible for provincial programs that address health issues across sectors of the health system and which are beyond the mandate of any single DHA or health organization. Provincial programs develop service standards, monitor their achievement, and provide advice to the Department of Health based on best practices, stakeholder input and research-based evidence.

Current Provincial Programs are:

- Cancer Care Nova Scotia
- Nova Scotia Diabetes Care Program
- Reproductive Care of Nova Scotia
- Nova Scotia Breast Screening Program
- Nova Scotia Cardiac Advisory Council
- Nova Scotia Provincial Blood Coordinating Program
- Nova Scotia Hearing and Speech Program

4.4 Physician Services

In addition to hospital services, the Department of Health also funds medical or physician services for Nova Scotians under the terms of the *Canada Health Act* and the provincial *Health Services and Insurance Act.* Under the legislation, insured physician services are those services which a qualified and licensed physician deems are medically necessary to diagnose, treat, rehabilitate or otherwise alter a disease pattern.

The Physician Services Branch is responsible for the policy development, as well as negotiations, implementation, and monitoring of various payment and funding arrangements for physicians in the province of Nova Scotia. Policy considerations include, but are not limited to, models of medical care, consideration of physician payment modalities, physician resource planning, recruitment and retention strategies, and service insurability.

4.5 Pharmaceutical Services

Pharmaceutical services provides drug programs, drug policy advice, and funding for education, research and evaluation to maintain and improve the health of Nova Scotians through appropriate drug use. The main program area is the Nova Scotia Seniors' Pharmacare Program which provides prescription drug insurance to approximately 95,000 seniors in the province.

Special drug programs are in place for particular patient groups and under specific terms and conditions. Examples include:

- cancer chemotherapy
- cystic fibrosis
- diabetes insipidis
- growth hormone deficiency, and
- high cost drug coverages

4.6 Continuing Care Services

Continuing Care contributes to the integrated continuum of health services by providing a range of home, community and residentially based services to support individuals with identified health needs. Care is provided in a manner that enables the individual to live as independently as possible in the community or in a residentially based service. In most cases, the need for care and support is for the longer term (continuing care). However, short-term needs are also addressed by both home care and residentially based programs. While the majority of clients are seniors, services are also provided to younger adults.

Continuing Care Services include home care, long-term care, adult protection, and care coordination. Services are coordinated through single entry access that ensures care needs are identified through the use of a consistent assessment process. Referrals are made to the appropriate care providers. Assessment, care coordination and ongoing case management are a responsibility of the Continuing Care Branch. The Branch collaborates with approximately 160 provider organizations, including non-profit home support agencies, Victorian Order of Nurses (VON), nursing homes, residential care facilities, and community based options. Long-term care facilities are variously owned and operated by municipalities, DHAs, private-for-profit owners, and non-profit organizations.

Home Care Home Care programs provide support to approximately 12,000 Nova Scotians at any point throughout the year. Services include both short-term (acute) and longer-term professional nursing care provided by registered nurses (RNs) and licensed practical nurses (LPNs). Home support services include personal care, nutritional care, essential housekeeping. Home oxygen services are provided through contracted oxygen vendors. Although not funded or regulated by the Department of Health, additional community supports such as adult day and volunteer programs, meals-on-wheels, and limited community rehabilitation services are available.

Long-Term Care Residentially based programs provide support to approximately 6,600 Nova Scotians. These include licensed Nursing Homes, licensed Residential Care Facilities, and a number of Community Based Options (CBOs). CBOs serve up to three clients and operate under interim standards.

Adult Protection Adult protection support services are extended to adults 16 years of age or older who are abused or neglected (including self-neglect and/or neglect by a caregiver) and who cannot physically or mentally protect themselves. Provided under the authority of the *Adult Protection Act*, these services are currently provided to approximately 1,300 clients annually, 75% of whom are over 65 years of age.

4.7 Health Protection and Public Health Services

Health Protection is the responsibility of the Office of the Provincial Medical Officer of Health. Legislated responsibility includes the protection and promotion of the public's health in the areas of:

- communicable disease control
- environmental health
- emergency preparedness and response

The Office of the Provincial Medical Officer of Health, in collaboration with academic expertise at Dalhousie University, functions as an expert resource in community health science and an epidemiological resource for the Department of Health, the DHAs, other government departments, and community groups.

Public Health Services are delivered to Nova Scotians through the DHAs. The staff work in partnership with communities, families and individuals to prevent illness, protect and promote health and achieve well-being. Activities are directed at an entire population, priority sub-populations or individuals in some circumstances. Major functions include population health assessment, health surveillance, population health advocacy, health promotion, disease/injury prevention, and health protection.

4.8 Emergency Health Services

Emergency Health Services (EHS) is the division of the Department of Health that is responsible for the continual development, implementation, monitoring, and evaluation of pre-hospital emergency health services for the province. Since 1995, the ambulance system has undergone a transformation from primarily a transportation system to a pre-hospital medical system with a province-wide fleet of well-equipped ambulances. As part of a performance-based contract, the ambulances are staffed by registered paramedics who perform life-saving procedures and can administer a wide range of medications.

The main components of EHS are a communications centre, a ground ambulance service, an air medical transport program (EHS Life Flight), a provincial trauma program, a medical first responders program, and the Atlantic Health Training and Simulation Centre. All system components are monitored by physicians specially trained in emergency care.

5. Priorities for 2005-2006

Providing safe, quality health care and services to Nova Scotians is a priority of the Government. Nova Scotia can be proud of its health system, but there is always room for improvement. This principle of continuing improvement is evident in the priority statements under each of the Core Business Areas and overarching initiatives such as health human resource planning, wait time reduction for tests and treatments, expanding access to services closer to home, healthcare safety and public accountability reporting.

Department of Health priorities for 2005-2006 flow from our four strategic directions and are grouped by core business area. Because of our integrated, multi-disciplinary and cross-functional approach to health service planning and service delivery, most priorities impact or flow from more than one goal and core business area.

Sections 5.1 through 5.8 contain the priorities of the Department of Health in 2005-2006, grouped by Core Business Area. Sections 5.9 through 5.11 contain priorities in strategic support areas that are broader than any single core business area. These include Health Information Management, Health Human Resources, and Health System-Wide priorities. All priorities describe new or renewed areas of emphasis in their respective core business areas. These are in addition to the baseline activities in each core business area as broadly described in Section 4 of this business plan.

5.1 Primary Health Care

5.1.1 Collaborative Practice Teams

Primary Health Care Nurse Practitioner Positions
Beginning in 2003 with four, Nova Scotia now has sixteen primary health care nurse practitioner positions in locations across the province. They are filling a longstanding service gap in Nova Scotia communities. DHAs will continue development of innovative primary health care initiatives. New funding in 2005-2006 will support the formation of new multi-disciplinary teams (family physicians, nurse practitioners, family practice nurses and other community partners) using a variety of collaborative practice models.

Primary Maternity Care
In response to the recommendations of the Nova Scotia Advisory Committee on Primary Health Care Renewal, a Primary Maternity Working Group was established in 2004 to develop an approach to team based primary maternity care and a regulatory framework for the inclusion of midwives in collaborative teams delivering primary maternity care in Nova Scotia. Issues being explored include scope of practice, legislation/regulation, integration with DHAs, collaborative teams, and payment strategies. The Working Group is expected to report to the Department of Health in June 2005 with recommendations aimed at developing the legislation and infrastructure needed to support collaborative primary maternity care models.

5.1.2 Diversity and Social Inclusion Awareness in Primary Health Care

Nova Scotia's vision for primary health care recognizes the need for primary health care services that value and respond to the "cultural, racial and spiritual experiences of individuals, families and communities." It requires that equity of access be established for those who have historically faced barriers for reasons including race, ethnicity, language and culture, understanding that these and related factors affect health.

Diversity and Social Inclusion in Primary Health Care is an initiative to raise awareness of diversity and social inclusion issues (primarily related to ethnicity, race, language and culture) across a broad range of stakeholders within the primary health care system. Ongoing activities in 2005-2006 will include involvement of primary health care leaders and culturally diverse populations in the development of guidelines and policies that address diversity and social inclusion issues in primary health care.

5.1.3 Primary Health Care Evaluation

Nova Scotia is building upon its existing capacity for primary health care evaluation and research to evaluate the impact of changes made as a result of renewal activities. Enhancing primary health care evaluation and research capacity throughout the province will strengthen Nova Scotia's ability to continue to improve the primary health care system beyond the transition phase.

In February 2004, the Primary Health Care Section invited a broad range of stakeholders to a consultation on the development of an evaluation framework for primary health care in Nova Scotia. A contract subsequently developed a logic model and a catalogue of possible indicators to support future evaluation plans. A subsequent RFP will engage consultants to work with stakeholders to refine the approach to evaluation and build capacity. A workshop on primary health care research and knowledge translation will be planned for the 2005-2006 year.

5.1.4 Continuing Professional Education for Primary Health Care Providers

Nova Scotia is the lead province in the Atlantic Region collaborative initiative *Building a Better Tomorrow*. The core of the initiative is the development and delivery of continuing professional education modules to primary health care providers in all four Atlantic Provinces in an effort to facilitate change. It will support providers' transition to a renewed primary health care system and complements renewal activities currently underway in the Atlantic Provinces. Priority activities for 2005-2006 include the design and pilot testing of education modules, delivery of modules to 270 providers in Nova Scotia (675 across Atlantic Canada) and program evaluation.

5.1.5 Electronic Patient Records

The implementation of the Nova Scotia Primary Health Care Information System Program (PHCISP) is a first step in the development of shared electronic health records across levels of care. In 2005-2006, the program's immediate goal is to increase the number of primary health care providers using electronic patient record (EPR) systems. PHCISP will launch an application hosting service to provide EPR application delivery and helpdesk support. Health Canada's Primary Health Care Transition Fund is providing funding for the initial two years of this project including the development of extensive change management tools and training in support of provider

engagement and an interoperability pilot for electronic delivery of laboratory and diagnostic image reporting.

5.1.6 Health Literacy Awareness

In 2005-2006, the Primary Health Care Section will continue with work that was initiated in 2004-2005 to implement a health literacy awareness initiative, in partnership with the Department of Education and other stakeholders. This initiative involves the development of tools to help raise awareness that literacy is a determinant of health. These tools will facilitate awareness building among primary health care providers of literacy issues, as well as strategies to improve the understanding and use of health information by patients.

5.1.7 Primary Health Care Transition Fund

The Primary Health Care Transition Fund supports the DHAs as they develop and implement enhancement to primary health care services throughout the province. Priorities include the creation of new ways to develop sustainable primary health care networks/organizations; increased emphasis on health promotion, injury prevention and population health; and transitioning the primary health care system to an electronic patient record. These activities continue to be informed by the Report of the Nova Scotia Advisory Committee on Primary Health Care Renewal.

5.2 Mental Health and Addictions

5.2.1 Mental Health Strategic Directions

Throughout 2004-2005, the Department of Health worked with teams of mental health clinicians and consumers to continue the implementation of core service standards and to begin the process of implementation of specialty service standards for eating disorders, neurodevelopmental disorders and services to seniors. During 2005-2006, the Department will focus on the continued implementation of service standards while addressing 'waiting lists', human resource needs, collaboration with the primary care sector and the development of expanded home based services (assertive treatment, intensive case management).

5.2.2 Improving the Quality of Mental Health Services

2005-2006 will see the introduction of a plan to monitor the quality, appropriateness and effectiveness of mental health services using DHA/IWK Mental Health Profiles, performance indicators for in-patient services, and expanded technology to support the local analysis of ambulatory health care information.

A one-year demonstration of a new approach to outcome measurement will also be initiated as part of this plan. The Health of the Nations Outcome Scale (HoNOS) will provide the Department of Health and the DHAs/IWK with outcome measures and indicators for monitoring mental health services. The

HoNOS is now a standard component of clinical practice in many parts of the United Kingdom, Europe, and Australia.

5.2.3 Autism – Early Intensive Behavioural Intervention (EIBI) Treatment Program

The implementation of the Early Intensive Behavioural Intervention Treatment program for children with autism spectrum disorder will begin in 2005-2006. The overall goal is to provide treatment to young children with autism through the DHAs/IWK. Recruitment and training of therapists will be a priority in order to maintain standards and ensure evidence-based practices.

5.2.4 Mental Health Legislation

A new Mental Health Act (Bill 109) was introduced during the Fall 2004 session of the House of Assembly. It received first reading. Extensive stakeholder consultation and analysis followed in late 2004 and early 2005. Further development of the legislation is anticipated in 2005-2006.

5.2.5 Labour Market Agreement for Persons with Disabilities

The impact of addictions treatment on employability is well documented. The evaluation of the effectiveness of Addictions Services in addressing vocational crisis and client employability will be continued.

5.2.6 Methadone Maintenance Treatment

Methadone maintenance treatment is an effective strategy for reducing harms associated with opiate dependency. In 2004, *Standards for Blood Borne Pathogens Prevention Services in Nova Scotia* were published, including standards for methadone maintenance treatment services. The impact of these standards will be analyzed. A provincial framework for evaluating methadone maintenance treatment services will be developed.

5.2.7 Enhanced Addiction Services for Rural Women and Youth

In 2002, the Nova Scotia government allocated $1.8 million to improve health outcomes for women and youth with substance use and/or gambling problems. The bulk of the funding was used by the DHAs to dedicate staff to provide and evaluate a range of services for women and adolescents based on provincial standards, best practice, and cost-effectiveness. A provincial report on the impact of these enhanced services will be generated.

5.2.8 Client Information System for Addiction Services

Addiction Services is in the process of implementing a new provincial client information system. This collaborative effort between the Department of Health and the DHAs will provide both with addiction-specific data. The added functionality of the new information system will enhance our ability to measure service standards and provide reporting for federal recoveries and other accountabilities.

5.3 Acute and Tertiary Care

5.3.1 MRI Access and Utilization

Magnetic Resonance Imaging (MRI) scanners are used to detect and diagnose soft tissue tumors, disease of the brain, spinal cord, cardiac, major blood vessels and the musculoskeletal system. The Department has recently completed an assessment of additional need for MRI access in rural Nova Scotia. The resulting recommendations will see new machines at four sites: New Glasgow, Antigonish, Kentville, and Yarmouth. Delivery is expected in 2006.

5.3.2 Provincial Approach To Stroke Care

Stroke and heart disease are the leading causes of death and disability in Canada. In 2005-2006, the Department of Health will invest $500,000 to pilot the implementation of a comprehensive and integrated program of stroke prevention, emergency services, acute care and rehabilitation.

Partnering with the Heart and Stroke Foundation, health providers, researchers and the DHAs, the Department of Health will continue planning provincial approaches to stroke and heart disease prevention and outcomes improvement.

5.3.3 Dialysis Program Expansion

With renal disease growing by 10% annually across Canada, there is increasing pressure for more dialysis capacity. A provincial approach to the development and long-term management of dialysis is being developed. The Provincial Dialysis Group has identified four priorities: infrastructure, satellite dialysis programming, peritoneal dialysis and risk modification. Each priority will be addressed with strategies to resolve the issues.

5.3.4 Hospital Additions and Renovations

Projects nearing completion and occupancy are: Cape Breton Regional Hospital Renal Dialysis Expansion, Dartmouth General Hospitals Renal Dialysis Unit and the IWK Parkade and Research Building.

Construction continues on the new Cobequid Community Health Centre toward a planned occupancy in Fall 2005.

Design is underway for the Queens Hospital Primary Care Building and the Halifax Infirmary Emergency Department Expansion. Design will be underway shortly for the replacement of Colchester Regional Hospital and a major upgrade to the IWK Health Centre, Children's Site.

A third operating room is being built at the Cumberland Regional Health Care Centre in Upper Nappan, near Amherst.

A phased renovation of the Lillian Fraser Memorial Hospital in Tatamagouche will facilitate the delivery of multidisciplinary primary health care services.

5.3.5 Alternate Levels of Care Patients in Acute Care

Through a collaborative approach with the Continuing Care sector, the DHAs and the Department of Community Services are developing strategies to ensure that clients/patients in acute care are transitioned to alternative settings when appropriate. The Department of Health will fund the addition of fifty restorative care beds throughout the provincial health system as a means of relieving pressure on occupancy rates in the province's hospitals.

5.3.6 Provincial Approach to the Management & Monitoring of Systemic Cancer Therapy

A coordinated provincial approach involving the Department of Health, Cancer Care Nova Scotia and the DHAs will be implemented to manage and monitor systemic chemotherapy costs. It is expected that this process will more effectively manage the significant annual increases of recent years.

5.3.7 Provincial Approach to Organ and Tissue Donation

A QE II-based management team and a broader provincial steering committee have collaborated on professional education and quality improvement processes to increase family approach rates for organ and tissue donation. A provincial approach is intended to increase available donors to support the transplant program at the QE II. Currently, Nova Scotia's donation rates are below those of Newfoundland and New Brunswick.

5.3.8 Maritime Medical Genetics Services at the IWK Health Centre

Responding to a long-standing need for genetic counseling and related services for families, the Department of Health will support establishment of this service in 2005-2006.

5.3.9 Physical Rehabilitation for Children with Disabilities

Physical rehabilitation services for children with disabilities has been a service gap in Nova Scotia's health care system for many years. Provincial funding in 2005-2006 will initiate this program at the IWK Health Centre.

5.3.10 Centralized Intra-Venous Admixture and Unit Dose Drug Distribution at the IWK

Responding to patient safety and service efficiency concerns raised by both accreditation surveyors and third-party consultants, the IWK will begin implementation of its Unit Dose Drug Distribution System during 2005-2006.

5.3.11 Twenty One Bed Expansion at Valley Regional Hospital, Kentville

Following extensive master planning by the Annapolis Valley DHA, the Department of Health has approved the addition of twenty one new medical/surgical beds at the Valley Regional Hospital in Kentville. Renovations to the emergency room are also planned.

5.3.12 Cobequid Community Health Centre

With construction nearing completion, occupancy of the new Cobequid Community Health Centre in Lower Sackville is planned for late Fall 2005.

5.3.13 A Sound Start for Hearing and Speech

Speech language pathology services are under-developed in Nova Scotia relative to the rest of the country. The Department of Health will invest $275,000 in 2005-2006 to extend access to universal newborn hearing screening services beyond the Halifax area to Nova Scotia Hearing and Speech Centres across the province. There is clear evidence that early detection and treatment of hearing disorders improves the development of speech, language and literacy skills.

5.3.14 Integration of Mammography Services

The Nova Scotia Breast Screening Program provides access to mobile screening services to all residents of Nova Scotia. Several DHAs have fixed sites that will be integrated in the provincial Nova Scotia Breast Screening Program in 2005-2006 (integrating screening and diagnostic services and data). The intended outcome will improve wait times for both screening and diagnostic testing and provide more accurate information on screening rates in the province.

5.3.15 Infection Control

Responding to a need identified by the DHAs, a provincial approach will be established through a Provincial Infection Control Consultant. The Consultant will develop and implement an infection control framework to support the DHAs and align their programs with the Department of Health's vision for the provincial health system.

5.3.16 Palliative Care in South West Nova District Health Authority

Responding to a long-standing service gap in palliative care services in the Yarmouth area, the Department of Health will provide funding in 2005-2006 to add a coordinator and support the development of an interdisciplinary palliative care team. The approach will be consistent with the work of the Provincial Hospice Palliative Care Project and will serve people living with a life-threatening illness or grieving the loss of a loved one.

5.4 Physician Services

5.4.1 Enhanced Accountability with Alternative Funding Plans

Approximately 40% of physicians are remunerated through some form of alternative to traditional "fee-for-services" funding. A recent audit of the largest academic alternative funding plan demonstrated the benefit of alternative forms of payment, while at the same time indicating the need for enhanced accountability. This is critical as the Department of Health moves forward in the development and re-negotiation of alternative payment and funding plans throughout the province.

5.4.2 Physician Resource Planning

Physician resource planning in Nova Scotia is a tool that will inform other decision-making processes from recruitment activities to training program needs. It is a critical tool for informed decision making. Work in this area will be linked with planning for health human resources and district based initiatives.

5.4.3 Physician Recruitment Strategy Development

A comprehensive physician recruitment strategy is required to maximize physician recruitment activities for areas of need. The Department of Health role in physician recruitment is to inform, support, and provide districts with the tools to recruit required physicians. While the Department presently engages in significant activities in this area, a comprehensive strategy considering physician resource requirements is required.

5.5 Pharmaceutical Services

5.5.1 Prescription Monitoring Program (PMP) Renewal

On January 1, 1992, Nova Scotia implemented a manually administered PMP to monitor the prescribing, dispensing and utilization of a specific list of drugs in Nova Scotia. Within the last few years, the PMP Board identified the information delays of the manual system and the Program's lack of legislated authority as issues reducing the Program's effectiveness in dealing with drug abuse. As a result, a new *Prescription Monitoring Act* received Royal Assent on October 18, 2004. Regulations to the Act are being drafted and will be proclaimed along with the Act. A new Prescription Monitoring Board will be appointed at the same time. A computerized information system to support the PMP is being developed and will begin implementation in 2005-2006. An extensive communication plan is being developed to promote the changes and subsequent benefits of the new legislation and computerized information system.

5.5.2 National Common Drug Review (CDR)

The CDR is a single process for reviewing new drugs and providing formulary-listing recommendations to participating publicly-funded federal, provincial and territorial (F/P/T) drug benefit plans in Canada. All jurisdictions are participating except Quebec. The objectives of the CDR are to provide a consistent and rigorous approach to drug reviews and evidence-based listing recommendations; reduce duplication of efforts by drug plans; maximize the use of limited resources and expertise; and, provide equal access to the same high level of evidence and expert advice. From the time the CDR began accepting submissions, September 1, 2003 to December 2004, it has provided recommendations on 16 new drugs. Nova Scotia continues to support the CDR and is refocusing the Atlantic Common Drug Review to provide expert advice in areas not covered by the CDR.

5.5.3 Drug Evaluation Alliance of Nova Scotia (DEANS)

Led and supported by the Department of Health, DEANS draws on health professional and academic expertise to consider drug utilization issues in conjunction with other drug program components. DEANS identifies drug utilization issues; develops targeted interventions for health care professionals and consumers; and evaluates the impact of interventions. Interventions generally take the form of multi-faceted evidence-based educational programs which can include academic detailing, didactic presentations, workshops, prescriber profiling and feedback, or mailed printed material. Areas of focus in 2005-2006 include cholesterol management, management of chronic non-cancer pain and acid suppression therapy.

5.5.4 Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)

Launched in 2004, COMPUS is a Canadian service to promote and facilitate best practices in drug prescribing and use among health care providers and patients/consumers. Critical to its future success is the participation and support of F/P/T jurisdictions and other parties in implementing and evaluating best practice initiatives. COMPUS will provide the avenue for improved information sharing, and through its coordinating role, will assist jurisdictions and other parties in building on established initiatives, such as DEANS. Initially COMPUS will focus on three priority areas where improvements to medication prescribing and use would contribute to improvements in health outcomes for a large number of Canadians and would result in more cost-effective utilization of widely prescribed medications. The three priority areas include: proton pump inhibitors (for the treatment of gastrointestinal problems); diabetes management; and anti-hypertensives (drugs used to lower high blood pressure). COMPUS is expected to provide jurisdictions with a toolkit on the first of these priority areas (proton pump inhibitors) in 2005-2006.

5.5.5 Assistance Program for Low Income Nova Scotians with Diabetes

At 5.9% of the population, Nova Scotia's diabetes prevalence is the second highest in Canada. Left untreated, diabetes can lead to complications such as heart disease, kidney failure, blindness and amputation.

Drugs and supplies to manage diabetes are benefits for Nova Scotians covered under the Seniors Pharmacare and Community Services Pharmacare programs. However, many other Nova Scotians with diabetes have no such insurance coverage for the drugs and supplies needed to prevent or delay the onset of complications from their disease.

During 2005-2006, an income-based program will be designed and targeted to families with low incomes and no prescription drug coverage. With $2.5 million in new provincial funding, the new program will cover insulin, oral diabetic drugs, glucose test strips, syringes, needles and lancets as listed on the Nova Scotia Formulary. The cost to the family will depend on income.

In addition, a self-management support component will be developed and extended to our new clients.

5.6 Continuing Care Services

5.6.1 Strategic Framework for Continuing Care Services

In order for the Department of Health to respond appropriately to changing care needs for Nova Scotians, work will begin on the development of a strategic framework for continuing care. This will enable the Department to validate current services, identify and examine service delivery alternatives, and develop appropriate legislation accordingly. A series of public consultations is planned for this year.

5.6.2 Continuing Care Assistant (CCA) Recruitment Strategy

The demand for CCAs to assist in meeting the health care needs of Nova Scotians has increased significantly in recent years. The Continuing Care Branch, in collaboration with partners, is planning a concentrated and coordinated approach to recruitment of CCAs in 2005-2006.

5.6.3 Information Management Strategic Plan

Evidenced-based decision-making for health policies and programs requires data collection and analysis of pertinent information. Currently, the Department of Health collects data from several sources but information system differences limit its use for decision-making. A strategic plan for continuing care information management is planned for the Fall of 2005-2006.

5.6.4 Direct Funding Program

Direct Funding is an alternative way to deliver home care services. By providing funds directly to individuals for them to secure and manage their own care, this approach provides increased flexibility and greater independence. The Department will finalize policies and standards and introduce this program as a part of the integrated array of continuing care services available to Nova Scotians.

5.6.5 Long Term Care Policy Changes

On January 1, 2005 the government began covering the health care costs of residents in long term care facilities under the mandate of the Department of Health. In 2005-2006, the Department of Health will begin evaluating the impact of these new policies on residents and families.

5.6.6 Adult Day Care Programs

Adult day care programs provide personal assistance, supervision, educational and recreational activities, and respite services to individuals and their caregivers. The Department will develop standards for adult day programs during 2005-2006.

5.6.7 New Continuing Care Beds

To better meet the needs of individuals who require short term rehabilitative care, the Department will develop standards for and establish 50 restorative care beds in locations across the province. Access to these beds will be through the Single Entry Access program.

5.7 Health Protection and Public Health Services

5.7.1 Emergency Preparedness and Response

The Department of Health is developing plans for comprehensive emergency preparedness and response across the Nova Scotia health sector. Rather than focus planning on a single or anticipated group of potential hazards or threats, the intended "all hazards" approach will address the threats of CBRNET[8] attacks, world economic uncertainty, weather-related and other natural disasters, and infectious diseases (e.g. SARS, BSE, WNV[9], pandemic influenza, etc.). This is consistent with the efforts of other provinces and the federal government.

The Department of Health's emergency preparedness and response planning spans the health sector and integrates with plans in health service delivery organizations (DHAs and long term care facilities), the provincial Emergency Measures Organization (EMO), Health Canada, and other provincial government departments.

5.7.2 Communicable Disease Control and Prevention

- work with the Nova Scotia AIDS Commission and other key stakeholders in the implementation of the Strategy on HIV/AIDS
- work with Department of Environment and Labour on the completion and renewal of the Drinking Water Strategy

5.7.3 Childhood and Youth

- develop a provincial database to support implementation of Healthy Beginnings Enhanced Home Visiting Initiative
- fully implement the expanded childhood immunization schedule consistent with the National Immunization Strategy
- in collaboration with DHAs and stakeholders, continue the development of standards, policies and guidelines for Youth Health Centres

[8]Chemical, Biological, Radiological, Nuclear, Explosive, Terrorist
[9]Severe Acute Respiratory Syndrome, Bovine Spongiform Encephalopathy, West Nile Virus

5.7.4 Public Health Infrastructure

- Collaborate with federal colleagues/Infoway on the development and implementation in Nova Scotia of the Pan-Canadian Public Health Communicable Disease Surveillance and Management Project.
- Establish a Nova Scotia Public Health Laboratory Program. This includes designating an existing laboratory as the Public Health Laboratory under the Health Protection Act and establishing a public health laboratory network.
- Work collaboratively with the Atlantic Provinces, the Public Health Agency of Canada and stakeholders on the development and implementation of the National Collaborating Center on Determinants of Health (one of six Collaborating centers announced by the Public Health Agency of Canada).

5.7.5 Enhanced Public Health Capacity

- Provide support to the Cape Breton DHA in the public health aspects of the Sydney Tar Ponds/Coke Ovens clean up.
- Develop an implementation plan for acting on the results/recommendations of the review of the public health system in Nova Scotia.
- Implement the communication plan for the roll out of the Health Protection Act. The plan includes development of a Users Guide to the Health Protection Act along with other communication materials, presentations to affected stakeholders, etc.
- Assist the Office of Economic Development with the implementation of the Community Development policy.

5.8 Emergency Health Services

5.8.1 Enabling Framework for EHS Legislation

A major priority for EHS in 2005-2006 is the establishment of a legislative framework for all aspects of emergency health services delivery in Nova Scotia.

5.9 Health Information Management

The Health Information Management branch supports the strategic goals of the Department of Health by:

- Implementing information tools to facilitate the development of a portable, person-based electronic health record.
- Developing policies, procedures and practices to protect health information privacy while ensuring appropriate and timely access to

health information when it is required for health care provision and planning.

5.9.1 Towards an Electronic Health Record

The Department of Health continues to work in partnership with the DHAs and its key health stakeholders to advance the implementation of a portable person-centric longitudinal electronic health record.

The Nova Scotia Hospital Information System (NShIS) and the Nova Scotia Picture Archiving and Communications System (PACS) are two initiatives that are key to the development of an interoperable electronic health record.

Nova Scotia Hospital Information Systems (NShIS):

Implementation of the NShIS began with the Guysborough-Antigonish-Strait DHA in February 2003. Since then, the system has been implemented in the Cape Breton, South Shore, Colchester East Hants, Pictou County and Cumberland DHAs. Approximately 5,000 users in 26 hospitals are using the system on a daily basis. In 2005-2006, implementation will continue in the Annapolis Valley and South West Nova DHAs.

Nova Scotia Picture Archiving and Communications System (PACS) Project:

The PACS is a high-speed, graphical, computer system that stores, retrieves and displays diagnostic images. Several DHAs have already implemented PACS technology. A province-wide network has been established for storing and viewing these images. Over the next 18 months, the NS PACS Project will expand current installations and implement PACS in all remaining diagnostic imaging facilities in DHAs throughout the province. Completion of the project will mean that health professionals will be able to view any image, anytime, and in anyplace.

5.9.2 Nova Scotia Telehealth Network (NSTHN)

The Nova Scotia Telehealth Network (NSTHN) facilitates the provision of diagnostic, monitoring and videoconferencing services over distance. The NSTHN connects all nine DHAs and the IWK, and offers secure access in 46 health facility sites across the province.

In 2005-2006, the Department of Health will engage key stakeholders in developing an action plan to increase the utilization of telehealth technologies in acute care settings while enhancing access in home care, long term care and community settings. Particular access needs of francophone and First Nations communities will also be identified.

5.9.3 Privacy and Access

The implementation of federal privacy legislation in January 2004 and the demand for more consistent privacy regimes within Canada have reinforced the need for a comprehensive privacy framework for health information in Nova Scotia.

Priorities in 2005-2006 include:

- developing and implementing privacy standards for the NShIS and other health information systems
- implementing a Privacy Impact Assessment policy for Department of Health programs, services or systems that require personal information
- consulting with stakeholders on a health information privacy framework
- working with the DHAs and the Department of Health's Provincial Programs on privacy best practice guidelines

5.9.4 Decision Support and Information for Management

The Department supports the development of integrated information products to support evidence-based decision-making at the Department, program, and DHA level. Morbidity and mortality data, the Canadian Community Health and National Population Health Surveys, as well as a range of demographic, economic and social databases are mined for information to support effective policy analysis and decision-making.

A range of information products such as comparative health system performance measures, a wait-time web site and community/population health indicators are produced by Health Information Management to inform the public and support decision making. 2005-2006 will see an expansion of the range of products provided.

Closely aligned with the analysis of data and production of information products is the development, monitoring, and enhancement of information or data standards. The Department will continue to work closely with CIHI (Canadian Institute for Health Information) and Canada Health Infoway to support the development of national data standards; these standards are essential building blocks toward the electronic health record. The Department has taken a leading role nationally and with the DHAs in data quality improvement for various clinical administrative databases as well as in the implementation of new classification systems. The production of meaningful information products such as the "Report on Comparative Health Indicators", "The Minister's Report to Patients", the Department's Business Plan and CIHI's "Health Care in Canada" rely on the integrity of the data.

5.9.5 Wait Times Monitoring Project

Access to valid and reliable information on health system performance is critical to managing the system effectively. Timely and relevant information

provides evidence to support resource allocation and other management decisions aimed at meeting identified health needs. The Wait Time Monitoring Project's goal is to define, collect and report standardized information across the entire health care system. During 2005-2006, we will continue to work with physician specialists to pilot an approach to collecting data on wait times for specialty consults. As well, work will continue with the DHAs to find and report wait time information for diagnostic and surgical services.

Department of Health staff will support the work of the Wait Time Advisory Committee in its mandate of providing independent advice to the Minister on strategies for collecting data, reporting findings and ultimately, shortening wait times. A new website containing wait time information on selected health care services will be launched in 2005-2006.

5.9.6 Client and Provider Registries

Client and Provider registries are foundation components of the electronic health record. These initiatives are partially funded by Canada Health Infoway. Nova Scotia is participating in a Business Case Study with Health Infostructure Atlantic (HIA) to identify provider registry collaboaration options. Detailed planning for the Registries will follow.

5.10 Health Human Resources

The Department of Health is developing health human resource strategies involving collaborative and comprehensive research, consultation with partners, training, recruitment and retention.

5.10.1 Health Human Resource Planning

Nova Scotia is building a solid plan for Health Human Resources (HHR) that will support the health system's current and future needs. Responding to priorities identified in the First Ministers Accords in both 2003 and 2004, Nova Scotia is developing a comprehensive HHR strategy which will be completed by the Accord's target of December 2005.

Immediate priorities include:

- encouraging young people to choose health-related careers
- training tomorrow's health professionals
- ensuring that the training meets community health needs
- collecting the information needed to help forecast future HHR needs.

5.10.2 Nursing Strategy

The Nursing Strategy includes initiatives to support recruitment, retention and renewal of the nursing workforce in Nova Scotia. In 2005-2006, Nursing Advisory Services will continue to support the initiatives in the Nursing Strategy. Priorities include rural and remote recruitment and retention

feasibility assessment of a student employment program, a leadership development strategy, and a strategy to resolve identified staffing challenges (including preliminary work on models of nursing practice).

Following the recommendations of a steering committee of the Provincial Nursing Network (PNN), the Department of Health will invest $300,000 in 2005-2006 to:

- Market nursing opportunities in rural communities,
- Fund opportunities for undergraduate nursing students in rural areas, and
- Enhance continuing education opportunities for existing LPNs and RNs in rural areas.

5.10.3 Medical Laboratory Technologists

In 2005-2006, for the second year, Nova Scotia will fund a joint initiative between the New Brunswick Community College and Nova Scotia Community College to train twenty five Medical Laboratory Technologists. Nova Scotia will offer students bursaries of $4,000 in each year of the 2-year program of studies and in exchange, these students will commit to working in the Nova Scotia health care system for a two-year period. Other options for meeting the need to train Medical Laboratory Technologists will be identified and explored during 2005-2006.

5.10.4 Enhancing Physician Training Capacity

In 2003-2004, Dalhousie University increased enrollment in the undergraduate medical program by eight seats bringing the total yearly undergraduate enrollment to ninety seats. The Department of Health has committed to providing increased funding to support these students through to the end of their four-year MD program and to continue with a class size of ninety students.

5.10.5 Reducing Barriers to Practice for International Medical Graduates (IMGs) and Internationally Educated Health Professionals (IEHPs)

About 25% of all practicing physicians are IMGs.

All IMGs seeking license in Nova Scotia are screened and assessed by the College of Physicians and Surgeons of Nova Scotia (CPSNS) to ensure that their credentials (training, experience, and qualifications) are at the standard of Canadian medical graduates. With support from the Department of Health and the Dalhousie Faculty of Medicine, CPSNS has developed a business plan for a Foreign Credential Assessment Centre for Physicians beginning June 2005.

Nova Scotia is leading an Atlantic regional collaborative effort aimed at reducing barriers to practice for IMG/IEHPs. This work is linked to the Provincial Immigration Strategy.

5.10.6 Occupational Health & Safety

The Department of Health values the health and safety of employees. The Department strongly supports the policy of the Government of Nova Scotia to protect and promote employee health and safety and to take every precaution, reasonable in the circumstances, to ensure that workplaces are safe and healthy for employees, clients, and the general public.

- Implement an Ergonomics Program for Department of Health employees.
- Develop a Violence in the Workplace policy and guidelines.
- Continuing to provide courses in Occupational Health and Safety to employees.

5.10.7 Affirmative Action/Valuing Diversity

The Government of Nova Scotia and the Department of Health are committed to providing a workplace that is free of discrimination and promotes equality of opportunity for all persons accessing employment positions within the Government of Nova Scotia, in general, and the Department of Health, in particular.

- The Department of Health has introduced the practice of providing new employees with the "Workforce Survey" upon appointment and of providing survey (self-identifying) data to the Public Services Commission in its "workforce profile" of designated groups.
- The Department of Health will complete an Employment Systems Review which will help to identify and remove barriers to employment, retention and advancement for members of designated groups in 2005-2006.

5.10.8 Billingual/French Language Services

The Department of Health is committed to improving access and availability of french language health services through partnerships with DHAs, the IWK Health Centre and members/organizations in the Acadian and francophone community.

The Department of Health has hired a Coordinator of French Language Health services to:

- consult and collaborate with the DHAs and other stakeholders to determine the present state of health services in French in the province
- participate in departmental, interdepartmental and provincial planning to ensure delivery of French language health services is incorporated into the planning process
- provide advice and feedback to the Department of Health and DHAs on the implementation of new initiatives to enhance access and availability of services within the health system

5.10.9 Responses to Employees Survey/Opinion

The Department of Health values the input and opinion of its employees. The "How's Work Going" 2004 employee survey results showed that the Department of Health had strengths in teamwork, employee involvement, quality of work life, safety, knowledge of benefits, and knowledge of fit between individual roles and departmental purposes. Areas needing improvement include workplace ethics, diversity, department leadership, retention, merit, and opportunities for career advancement.

To complement a corporate advisory committee, the Department of Health will create an internal departmental committee to respond to the survey's concerns. Membership will be drawn from the Senior Leadership Team, Human Resources, Management, and Bargaining Unit employees. There will be a cross section from Department of Health branches.

5.10.10 Performance Review

The effective operation of the Government of Nova Scotia and its ability to satisfy customers are the cornerstones of its success as a professional public service. Operational effectiveness and business capability are built and sustained by high performing employees.

The success of employees depends on clear performance management. The science and art of performance management comprise a complex array of skills, knowledge, processes, and tools.

The performance management process is designed to recognize the accomplishments and capabilities of Department of Health employees, to support the professional development of employees, and to deploy that capability to best meet the business needs of the Department.

Performance management is a strategic leadership tool for organizational effectiveness. It helps ensure that the efforts of the Nova Scotia civil service are focused on the priorities and strategies in the departmental business plans. Performance management is also a framework for developing competent leadership for the future.

Using the services of an external consultant, the Department of Health will train all management personnel on the process of completing a performance review.

5.11 Health System–Wide Priorities

5.11.1 Health Care Safety

Although thousands of Nova Scotians get safe, quality care every day, recent studies about adverse events highlight the fact that no system is error-free. Patient safety and quality remain priorities for everyone involved in the health care system.

In 2004, the Department of Health initiated a provincial Healthcare Safety Working Group to recommend an action plan aimed at improving safety across the continuum of Nova Scotia's health care services. The Group gathered information about leading practices in safety, approaches used in other jurisdictions, current activity in the province, and issues faced by provider agencies in Nova Scotia. System stakeholders were engaged in identifying priorities for action at the provincial level. The Department of Health accepted the recommendations for the Healthcare Safety Working Group. The following actions are planned for 2005-2006:

- establish a Healthcare Safety Advisory Committee to advise on annual priorities and oversee initiatives on an ongoing basis
- explore opportunities to incorporate safety mechanisms into existing information systems
- initiate or link with at least one expert group to advise on priority issues – identification of leading practices and recommendations in the areas of medication safety, infection control, work design, diagnostic safety and hand-offs of care
- foster meaningful quality review processes preventing things from going wrong or rectifying factors which contribute to adverse events
- expand public information materials to provide suggestions on how individuals seeking care can be active partners in optimizing health care safety
- implement a disclosure policy which requires DHAs to have processes in place to support clients and staff in disclosing adverse events to patients
- sponsor local education on safety for health care professionals

In addition, the Department will continue to interact with the Canadian Patient Safety Institute as well as other national initiatives such as the Canadian Medication Incident Reporting and Prevention System.

5.11.2 Wait Time Advisory Committee

A Wait Time Advisory committee was formed and held its first meeting in March 2005. The purpose of the committee is to advise the Minister on wait time issues; on the development and implementation of a province wide strategy to collect standardized wait time information on all health care services; on the publication of wait time information for the public and on ways to shorten wait times. The chair of the advisory committee will also communicate with the public and providers on wait time issues.

5.11.3 Chronic Disease Management

The management of chronic disease and the burden of illness of our aging population is a growing challenge for the Nova Scotia health system. Complementing the efforts of the Office of Health Promotion, the Department of Health will work with service providers in primary care, acute care and

other settings to improve self-care and promote effective multidisciplinary patient management practices. Efforts will focus on improving care coordination and service integration.

5.11.4 Multi-Year Funding for Front-Line Health Care

Beginning in 2003-2004, the Department of Health committed to increasing funding for hospitals and other services provided by the DHAs by at least seven per cent per year. This assurance of predictable funding envelopes will continue in 2005-2006, adding significant support to front-line health care. This funding is an addition to funding already provided for salaries and negotiated salary increases.

5.11.5 Blueprint for Aboriginal Health

In September 2004, Canada's First Ministers and Aboriginal Leaders agreed to work together to develop a blueprint to improve the health status of, and health services for, Aboriginal peoples. This blueprint is to include concrete initiatives for:

- improved delivery of and access to health services to meet the needs of all Aboriginal peoples through better integration and adaptation of all health systems
- the development of measures to ensure that Aboriginal peoples benefit fully from improvements to Canadian health systems
- a forward looking agenda of prevention, health promotion and other upstream investments for Aboriginal peoples

Federal/Provincial/Territorial Ministers responsible for Health and Aboriginal Affairs have been tasked to work in partnership with Aboriginal Leaders to develop this blueprint, and report back to First Ministers and Aboriginal Leaders in the Fall of 2005.

5.11.6 Biomedical Waste Transportation and Disposal

Biomedical waste from the province's hospitals will no longer be sent to the Sydney municipal incinerator. A new system of waste disposal is being implemented. Selected using the province's public procurement process, the contractor will make application for the necessary approvals from regulatory agencies. The new system is expected to be in place in December 2005.

Budget Context

Program and Service Area	2004/05 Estimate ($ thousands)	2004/05 Forecast ($ thousands)	2005/06 Estimate ($ thousands)
Departmental Administration	31,321.00	30,059.00	37,793.00
Emergency Health Services	74,091.00	73,565.00	75,587.00
Medical Payments	511,334.00	501,965.00	525,314.00
Pharmacare Program	102,954.00	106,100.00	119,917.00
Other Insured Programs	36,851.00	34,831.00	42,995.00
Revenue and Recovery	-24,557.00	-20,260.00	-23,338.00
Other Health Initiatives/Other Programs	89,865.00	92,356.00	108,585.00
District Health Authorities	1,108,392.00	1,133,216.00	1,210,681.00
Care Coordination	28,676.60	27,903.00	28,294.00
Home Care Services	98,118.00	97,343.00	100,189.00
Long Term Care Program	246,645.00	253,445.00	295,723.00
Capital Grants	38,000.00	57,152.00	38,000.00
Total	2,341,690.00	2,387,675.00	2,559,740.00
Funded DoH Staff (FTEs)	676.30	645.20	695.00
Less: Staff Funded By External Agencies	-8.8	-8.8	-10.8
Total DoH Provincially Funded Staff	667.5	636.40	684.20

7. Performance Measures 2005-2006

Outcomes and Outcome Measures

In September, 2000, First Ministers of Health in Canada issued a *Communique on Health* in which they agreed to provide clear accountability reporting to Canadians. The move towards national consistency in reporting has required some changes in measures over the years. The Department of Health continues to participate in the development of nationally comparable information and refine its performance outcome measures to improve our accountability to Nova Scotians.

For this business plan, the Department of Health has selected measures and corresponding targets, which are consistent with national reporting requirements and portray activity across the span of its core business areas.

The Department of Health is committed to working with health care providers, health system managers, and other government departments in the ongoing development of meaningful performance measures.

Core Business Area: Primary Health Care

Outcome 1 of 2: Improved access to teams of primary care providers

Measure	Base Year	2005/06 Target	Strategic Actions to Achieve Target	Trend	Data Source
Number of nurses working in primary care offices	122 (01/02)	To be determined	Complete planning for the development of a renewed, community-based primary health care system for Nova Scotia.		DoH - HHRP Database
Number of approved nurse practitioners in primary health care setting	4 (01/02)	To be determined	Support nurse practitioner education program. Continued development of innovative primary health care organizations with the DHAs.		Nurse Practitioner Collaborative Practice Agreements, Primary Health Care, NS DoH
Number of provincially licensed midwives in primary maternity settings	0 (04/05)	To be determined	Enactment of legislation to facilitate the integration of midwives into primary maternity care collaborative teams.	NEW	NEW

Outcome 2 of 2: Improved access to patient information by providers and appropriate sharing among team providers through Electronic Patient Records (EPR)

Measure	Base Year	2005/06 Target	Strategic Actions to Achieve Target	Trend O = Base Year	Data Source
Uptake of the use of EPRs by provider teams	45 (04/05)	150	Infrastructure in place to support Primary Health Care EPRs and continued work to facilitate the engagement of communities in the uptake	NEW	NEW

Core Business Area : Mental Health and Addiction Services

Outcome 1 of 2: Maintain persons with serious mental health problems in their communities

Measure	Base Year	2005/06 Target	Strategic Actions to Achieve Target	Trend O = Base Year	Data Source
Number of clients with serious mental health problems treated outside of inpatient hospital settings	(00/01) Adults 1886	2283	Redirect resources to improve service availability for this target group.		Mental Health Outpatient Information System (MHOIS)
	Children & Youth 1790	To be determined			Mental Health Outpatient Information System (MHOIS)

Average number of community-based visits for clients with serious mental illness	Adults 14.5	15.5	This measure relates to the amount of time or service available to the clients who require ongoing and intensive attention.		Mental Health Outpatient Information System (MHOIS)
	Children & Youth 5.0	6.0			Mental Health Outpatient Information System (MHOIS)

Outcome 2 of 2: Responsive services to persons who require hospitalization

Measure	Base Year	2005/06 Target	Strategic Actions to Achieve Target	Trend ● = Base Year	Data Source
Proportion of all patient days spent in psychiatric inpatient service accounted for by patients with serious mental illness	71% (00/01)	75%	Continue to support shifting service options from inpatient hospital care to alternate settings where appropriate.		Discharge Abstract Database, DoH

Core Business Area : Acute and Tertiary Care

Outcome 1 of 2: Access to quality hospital services

Measure	Base Year	2005/06 Target	Strategic Actions to Achieve Target	Trend O = Base Year	Data Source
Hospitalization of people age 65 or older for pneumonia and influenza	1,312/ 100,000 (00/01)	< 1,273/100,000 (Canadian average 1998/99)	Continue to work towards increased coverage of population over 65 receiving immunization against pneumonia and influenza. Review opportunities to use outpatient services whenever appropriate to treat these conditions.		Discharge Abstract Database, DoH
Number of total knee replacement surgeries	99/100,000 (00/01)	> than 61/100,000 (Canadian average 1998/99)	Continue to collaborate with all other provinces across Canada to track information on these procedures that have been shown to substantially improve the quality of life of those receiving them.		CIHI Health Indicator Reports
Number of total hip replacement surgeries	71 per 100,000 (00/01)	57/100,000 (Canadian average 1998/99)	Continue to collaborate with all other provinces across Canada to track information on these procedures that have been shown to substantially improve the quality of life of those receiving them.		CIHI Health Indicator Reports

Outcome 2 of 2: Best use of inpatient hospital services

Measure	Base Year	2005/06 Target	Strategic Actions to Achieve Target	Trend O = Base Year	Data Source
Proportion of people admitted to hospital for conditions where appropriate outpatient care may prevent the need for hospitalization (referred to as 'Ambulatory Care Sensitive Conditions' by Canadian Institute for Health Information).	375 /100,000 (00/01)	No higher than the Canadian average 411 per 100,000 (98/99)	Continue to monitor effective utilization of hospital beds and review alternate settings for care (including outpatient) with other health system provider organizations. Further develop data quality for this measure.		CIHI Indicators Report

Core Business Area : Physician Services

Outcome 1 of 1: Appropriate number and distribution of health care providers

Measure	Base Year	2005/06 Target	Strategic Actions to Achieve Target	Trend O = Base Year	Data Source
Physician resource positions filled in under served areas	85% (2002)	80% or higher	Continue to support physician recruitment initiatives throughout the province through: ▪ Website listing vacancies ▪ Recruitment guide ▪ Advertising ▪ Incentives. Test alternative collaborative approaches to providing primary health care in under served areas. Conduct health human resource planning that addresses the supply and distribution of health care professionals and other workers.		Physician Services, NS DoH

[redacted] Pharmaceutical Services

Outcome 1 of 1: Adequate prescription drug coverage for all Seniors

Measure	Base Year	2005/06 Target	Strategic Actions to Achieve Target	Trend ◎ = Base Year	Data Source
Total number of drugs recommended for reimbursement under Seniors Pharmacare, as a percentage of those recommended for coverage by public plans in Canada.	17 of 21 drugs recommended [81%] (2004/05)	90%	Growth in program budget sufficient to allow implementation of all Canadian Expert Drug Advisory Committee (CEDAC) recommendations. * Note CEDAC has only been in operation since April 2004 and as such only one year is reported.	2004/05 (* Pending are 3 drug recommendations)	NS Forumlary, Pharm Serv, DoH
Growth rate of total drug costs, Seniors Pharmacare Program	8.7% (00/01-01/02 growth rate)	At or below the growth rate of other similar programs in other provinces	The Program encourages best practices in purchasing, prescribing and dispensing to ensure all prescriptions are used appropriately.		CIHI, Drug Expenditures in Canada
Government contribution as a percentage of total drug costs for low income seniors	72% (2001/02)	75%	Introduce program changes that mitigate the impact of prescription drug cost increases on low income seniors.		MSI Database, Pharm Serv, NS DoH

Core Business Area : Continuing Care Services

Outcome 1 of 1: Access to quality Home Care and Long Term Care Services

Measure	Base Year	2005/06 Target	Strategic Actions to Achieve Target	Trend ⊙ = Base Year	Data Source
Amount of time clients wait for service	To be determined from baseline data.	To be determined from baseline data.	Establish single entry access in Nova Scotia including the continued development of strategies and policies for: ▪ Human resources ▪ Financial management ▪ Policy review ▪ Forms and documentation ▪ Data collection & standards	NEW	NEW
Estimated percent of population (age 15 or over) receiving homemaking nursing or respite services**	To be determined from baseline data.	To be determined from baseline data.		⊙——	CCHS, Health Access Survey

Core Business Area : Health Protection and Public Health Services

Outcome 1 of 1: Decrease in diseases which can be prevented by vaccine

Measure	Base Year	2005/06 Target	Strategic Actions to Achieve Target	Trend O = Base Year	Data Source
Population over 65 who report having a flu shot in the past year	66% (00/01)	80%	Immunization for prevention of influenza is a key public health intervention. Increase coverage through collaboration with other agencies, increasing the number and variety of public health services clinics, continuance of the annual public awareness campaign and continued work with professional groups (such as Pharmacy Association, Medical Society and others).		Statistics Canada, CCHS & NPHS

Core Business Area : Emergency Health Services

Outcome 1 of 1: Access to quality emergency health services

Measure	Base Year	2005/06 Target	Strategic Actions to Achieve Target	Trend O = Base Year	Data Source
Percent of response times from ambulance dispatch to arrival at the emergency scene was 9 minutes or less	66% (2000/01)	68%	Continue to improve monitoring and feedback to staff for the purposes of refining processes.		Emergency Health Services, DoH
Survival rates for out of hospital cardiac arrests	6.9% (2000)	6.9%	Maintain training and ongoing procedural review and development. Explore development of a bystander care initiative.		Emergency Health Services, DoH